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nt By: TechnologyLawOfficesOfVirginia; 7037539481;

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**DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION**


As the below named inventor, I hereby declare that:

My residence, post office address and citizenship is as stated below next to my name. I believe that I am the original, first and sole inventors of the subject matter which is claimed and for which a patent is sought on the invention entitled POST OPERATIVE PATIENT ASSIST DEVICE, the specification of which is attached hereto, and which is a Continuation-In-Part of another U. S. Patent application, Serial No. 10/195,644, filed on July 12, 2002, and entitled POST OPERATIVE PATIENT ASSIST DEVICE.

I hereby state that I have reviewed and understand the contents of the above identified specification including the claims.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, code of Federal Regulations, para. 1.56 (a) and am aware of the criminal penalties for false statements hereunder.

I hereby appoint James W. Hincy, Esq., a member of the bars of the District of Columbia and the Commonwealth of Virginia and the U. S. Patent Office, Reg. No. 24, 705, with offices at 1872 Pratt Drive, Suite 1100, Blacksburg, VA 24060 as my attorney to prosecute this application to issue with full power of substitution and revocation, to transact all business with the U. S. Patent and Trademark Office in connection herewith and to receive the Patent Grant.

 (Seal)  
Rene Armstrong  
170 Briarwood Drive  
Christiansburg, VA 24073  
Citizen of U. S. A.

  
Date

**BEST AVAILABLE COPY**